

****NOTICE OF RELEASE / FURLOUGH****

THIS PATIENT HAS RECEIVED A CONDITIONAL RELEASE
FROM THE COMMITTING SUPERIOR COURT & IS UNDER
SUPERVISION OF THE CENTER FOR FORENSIC SERVICES

**CENTER FOR FORENSIC SERVICES
COMMUNITY PROGRAM**

9601 Steilacoom Blvd. SW

Tacoma, WA. 98498-7213

Phone: 253-756-2632 **Fax:** 253 756-2940**FACSIMILE TRANSMITTAL**

TO: DESIGNATED AUTHORITIES

FROM: _____ DATE: _____

(See checked boxes below)

Type of Release: ☐ Discharge/Release ☐ Furlough ☐ Transfer to Community Placement ☐ Conditional Release
 ☐ Change of Address ☐ Escape (Follow-up information)

Confidentiality Notice: This facsimile transmission and/or the documents accompanying it may contain confidential information belonging to the sender which is protected by disclosure laws. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange for return of the documents.

DESIGNATED AUTHORITIES:

AUBURN P.D.	GRAYS HARBOR P.A.	PACIFIC CTY P.A.	SNOHOMISH CTY P.A.
BELLEVUE P.D.	GRAYS HBR SHERIFF	PIERCE COUNTY P.A.	SNOHOMISH SHERIFF
BELLINGHAM P.D.	JEFFERSON CITY P.A.	PIERCE CTY SHERIFF	SPOKANE CTY P.A.
BREMERTON P.D.	JEFFERSON CTY SHER.	PORT ORCHARD P.D.	SPOKANE P.D.
CLARK CTY P.A.	KENT P.D.	PUYALLUP P.D.	SPOKANE SHERIFF
CLARK CTY SHERIFF	KING COUNTY P.A.	RENTON P.D.	STEILACOOM P.D.
COWLITZ CTY P.A.	KING CTY SHERIFF	ROY P.D.	TACOMA P.D.
DES MOINES P.D.	KITSAP COUNTY P.A.	SEA-TAC P.D.	THURSTON CTY P.A.
EVERETT P.D.	KITSAP CTY SHERIFF	SEATTLE P.D.	THURSTON SHERIFF
FEDERAL WAY P.D.	LACEY P.D.	SHELTON CTY SHERIFF	UNIV PLACE P.D.
FIFE P.D.	LAKEWOOD P.D.	SHELTON CTY P.A.	WHATCOM CTY P.A.
FIRCREST P.D.	OCEAN SHORES P.D.	SKAGIT CTY P.A.	WHATCOM SHERIFF
FRANKLIN CTY P.A.	OLYMPIA P.D.	SKAGIT CTY SHERIFF	YELM P.D.

OFFENDER INFORMATION

NAME _____ SOCIAL SECURITY # _____ / _____ / _____

ALIAS _____ COUNTY _____ CAUSE # _____

CHARGE RESULTING IN COMMITMENT : _____

Leave Date(s): _____

Return Date(s): _____

_____ Leave Time: _____

_____ Return Time: _____

PHYSICAL DESCRIPTION:

Date of Birth: _____ Race: _____

Eyes: _____ Hair: _____ Sex: _____

Height: _____ Weight: _____ lbs.

Tattoos/Scars/other: _____

LOCATION OF AUTHORIZED LEAVE:**COMMENTS:** _____
